

07-22-05

IFW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : SJOQUIST, Clarisse
Appl. No. : 10/781,139
Filed : February 18, 2004
Title : MAGNETIC FASTENER

Grp./A.U. : 3677
Examiner : Sandy, Robert John

Docket No. : 65,275-001

AMENDMENT

Mail Stop Amendment
Commissioner of Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Dear Sir:

In response to the Office Action dated April 21, 2005, please amend the application as follows. A version of the pending claims are presented having necessary markings to show the changes made and the current status of all pending claims in compliance with 37 C.F.R. §1.121.

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Drawings begin on page 6 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 7 of this paper.

Remarks/Arguments begin on page 14 of this paper.



Applicant: Sjoquist
Amendment filed July 21, 2005
Serial No.: 10/781,139

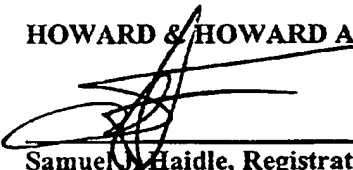
Further, allowed claim 29 has been rewritten in independent form. Specifically, claim 29 has been amended to include the limitations of original independent claim 1 and intervening claims 20, 21, and 28. Claim 30 has been amended to be dependent on claim 29. It is therefore respectfully submitted that claims 29 and 30 are now in condition for allowance.

In summary, is respectfully submitted that the application, as amended, is now presented in condition for allowance. The fee required under 37 CFR 1.16 for additional claims is enclosed. Applicant believes that no other fees are due; however, if any become required, the Commissioner is hereby authorized to charge any additional fees or credit any overpayments to Deposit Account 08-2789.

Respectfully submitted

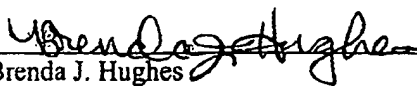
HOWARD & HOWARD ATTORNEYS, P.C.

July 21, 2005
Date


Samuel N. Haidle, Registration No. 46,619
The Pinehurst Office Center, Suite 101
39400 Woodward Avenue
Bloomfield Hills, Michigan 48304-5151
(248) 723-0334

CERTIFICATE OF EXPRESS MAILING

I hereby certify that the enclosed Amendment, replacement sheet for Figures 6, 7, and 8, and return post card are being deposited with the United States Postal Service as Express Mail, postage prepaid, in an envelope as "Express Mail Post Office to Addressee", Mailing Label No. EV 612 874 033 US and addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, on July 21, 2005.


Brenda J. Hughes

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PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docking Number:

65,275-001

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	35	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	35 minus 20 =	15
INDEPENDENT CLAIMS	1 minus 3 =	0
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	3-1	Minus	** 35 =
Independent	4	Minus	*** 3 = 1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY

RATE	FEE
BASIC FEE	385.00
XS 9=	135
X43=	
+145=	
TOTAL	520

OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	770.00
XS18=	
X86=	
+290=	
TOTAL	

SMALL ENTITY

RATE	ADDITIONAL FEE
XS 9=	
X43=	100
+145=	
TOTAL	100-00

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
XS18=	
X86=	
+290=	
TOTAL	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total		Minus	** =
Independent		Minus	*** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
XS 9=	
X43=	
+145=	
TOTAL	

RATE	ADDITIONAL FEE
XS18=	
X86=	
+290=	
TOTAL	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total		Minus	** =
Independent		Minus	*** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
XS 9=	
X43=	
+145=	
TOTAL	

RATE	ADDITIONAL FEE
XS18=	
X86=	
+290=	
TOTAL	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.